

## Product datasheet for **AP33069SU-N**

### Fibrinogen alpha chain (FGA) Rabbit Polyclonal Antibody

#### Product data:

Product Type:	Primary Antibodies
Applications:	ID, IHC, IP
Recommended Dilution:	<b>Immunoprecipitation.</b> Can be used in precipitating techniques as immunoelectrophoresis and single or double radial immunodiffusion to identify the presence of fibrinogen in human plasma or other body fluids or to determine its concentration. <i>Precipitin titre:</i> 1/16 when tested against pooled normal human plasma in agar-block immunodiffusion titration.
Reactivity:	Human
Host:	Rabbit
Clonality:	Polyclonal
Immunogen:	Fibrinogen is isolated from fresh plasma after removing prothrombin. Freund's complete adjuvant is used in the first step of the immunization procedure.
Specificity:	The reactivity of the antiserum is restricted to fibrinogen. In immunoelectrophoresis and radial immunodiffusion (Ouchterlony), using various antiserum concentrations against fresh normal human plasma a single precipitin line is obtained which shows a reaction of identity with the precipitin line obtained with purified fibrinogen. No reaction is obtained with any other plasma protein component or serum. However, the antiserum may also react with fibrin monomers, circulating fibrinopeptides and fibrin degradation products. <b>Cross-reactivity:</b> The antiserum does not cross react with any other component of Human plasma. Inter-species crossreactivity is a normal feature of antibodies to plasma proteins since they frequently share antigenic determinants. Cross-reactivity of this antiSerum has not been tested in detail.
Formulation:	State: Serum State: Lyophilized (Delipidated, heat inactivated), stable whole serum Stabilizer: None Preservative: None
Reconstitution Method:	Restore with 1 ml sterile distilled water.
Conjugation:	Unconjugated



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<b>Storage:</b>	<p>Prior to reconstitution store at 2-8°C.</p> <p>Following reconstitution store undiluted at 2-8°C for one week or (in aliquots) at -20°C for longer.</p> <p>Avoid repeated freezing and thawing.</p>
<b>Stability:</b>	Shelf life: one year from despatch.
<b>Gene Name:</b>	fibrinogen alpha chain
<b>Database Link:</b>	<a href="#">Entrez Gene 2243 Human P02671</a>
<b>Background:</b>	<p>Fibrinogen (clotting factor I) is a heat labile beta glycoprotein (molecular weight 340,000) and consists of three pairs of chains bound by disulphide bonds. It is synthesized in hepatocytes under genetic control. It is the precursor of fibrin, which is the key protein constituting the network of the blood clot. Thrombin converts fibrinogen to fibrin by limited proteolysis, releasing the fibrinopeptides A and B (molecular weight 50,000-65,000) and forming fibrin monomers. Fibrin monomers polymerize to fibrin which is stabilized by cross-linking under the influence of factor XIII. The predominant gamma chain of normal fibrinogen (MW 50,000, with higher variants) has a low affinity for platelet binding.</p> <p>The normal concentration of fibrinogen in the blood is 2.5 to 3.5 ml /ml, but lower levels are usually adequate for haemostasis. In newborn infants the value is 1.2 to 2.4 mg/ml. Synthesis of foetal fibrinogen may persists for up to 8 weeks, when adult levels are reached. Adult level increase with age and are a risk for heart disease, myocardial infarction and stroke.</p> <p>Fibrinogen is an acute Phase protein and increased levels are found in loosing enteropathies, in severe malnutrition, in tissue necrosis and in malignancy. Extremely high levels are seen in acute pancreatitis and, to a lower extent, in nephritic syndrome. A moderate raise may also been seen during pregnancy and the use of oral contraceptives. Fibrinogen deficiency may be congenital or acquired. If sufficiently severe, it may result in a bleeding disorder. The congenital form is very rare. Acquired hypofibrinogaemia is relatively common, probably indicating increased consumption during intravascular clotting.</p>
<b>Synonyms:</b>	FGA, FGB, FGG
<b>Note:</b>	<p><b>Adsorption:</b> Immunoaffinity adsorbed using insolubilized antigens as required, to eliminate antibodies reacting with other human serum proteins. The use of insolubilized adsorption antigens prevents the presence of excess adsorbent protein or immune complexes in the antiserum.</p>